



HAWAII STATE ETHICS COMMISSION
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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| | | | |
|---|---------|------------|-----------|
| PART I LOBBYIST | | | |
| NAME (Last) | (First) | (Middle) | TELEPHONE |
| Kobayashi | Joy | K. | 524-4155 |
| MAILING ADDRESS (Street) | | | FAX |
| 1000 Bishop St., # 902 | | | 524-0573 |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96813 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| Advocates | | | same |
| MAILING ADDRESS (Street) | | | FAX |
| same | | | |
| (City) | (State) | (Zip Code) | |

| | | |
|--|---------|------------|
| PART II ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | TELEPHONE |
| Consumer Lawyers of Hawaii | | 262-9191 |
| MAILING ADDRESS (Street) | | FAX |
| P. O. Box 338 | | 261-0161 |
| (City) | (State) | (Zip Code) |
| Kailua | HI | 96734 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Cindy Adair | | same |
| MAILING ADDRESS (Street) | | FAX |
| same | | same |
| (City) | (State) | (Zip Code) |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below) <u>first law</u> |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



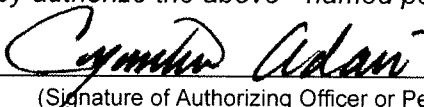
(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

| | | | |
|--|---------------|--|--|
| NAME Cindy Adair | | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director | |
| NAME OF ORGANIZATION (if applicable) Consumer Lawyers of Hawaii | | TELEPHONE 262-9191 | |
| MAILING ADDRESS (Street) P. O. Box 338 | | FAX 261-0161 | |
| (City) Kailua | (State) HI | (Zip Code) 96734 | |

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1-10-07

(Date)